

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1509

## 1. PLACE OF DEATH

49 County Jasper  
Township McDonald  
City Amelia (No. \_\_\_\_\_)

Registration District No. 419  
Primary Registration District No. 3373

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Elmer Lee Baker  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Batesville 2  
(STATE OR COUNTRY) Arkansas

13. NAME George Baker 4

14. BIRTHPLACE (CITY OR TOWN) Batesville 4  
(STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Sixda Huff

16. BIRTHPLACE (CITY OR TOWN) Gaston  
(STATE OR COUNTRY) Alabama

17. INFORMANT Luther Eckbre  
(ADDRESS) Amelia, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parish Cemetery DATE Jan. 24, 1935

19. UNDERTAKER Knell Mortuary  
(ADDRESS) Carthage, Missouri

20. FILED Jan. 22, 1935 Wm. W. A. Hall  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to Jan 21, 1932

I last saw him alive on Jan 21, 1932 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1-9-32

Pneumonia

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Other contributory causes of importance: HO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Amelia Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. H. Cordonnier, M. D.

(Address) Carthage, Mo.

